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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right brachial plexus block x 2 as related to right arm/shoulder

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines (does not apply)

Adverse Determination Letters, 9/29/09, 10/9/09

Office notes, Dr. 03/10/09, 08/04/09, 09/17/09

Behavioral health assessment, 08/25/09

MD request, 09/12/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male claimant who reportedly caught his arm in a machine in xx/xxxx which resulted in a right upper extremity above the elbow amputation. Physician records of 2009 noted the claimant with right arm pain radiating to the shoulder and neck. Examination was positive for dyesthesia and allodynia over the stump. The claimant was diagnosed with phantom limb pain and chronic pain syndrome. Medications were prescribed and right Stellate ganglion blocks times three were recommended. Follow up physician records of August 2009 noted the claimant with significantly less pain but with a burning sensation to the right arm. A physician record of 09/17/09 revealed the claimant with continued intermittent pain. A neuroma of the amputated stump was diagnosed. A right brachial plexus block times two diagnostic and therapeutic was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Request is for right brachial plexus blocks times two to the right arm/shoulder. There is limited clinical information for review. The claimant's date of injury was xx/xx/xx. He appears to have sustained a right above elbow amputation. Records reflect that he has continued arm pain. It appears that he has undergone previous injections in July 2009. The response to these injections was not included in the records for review. The rationale for repeat injections is not adequately expressed in the information reviewed. There is no documentation of the efficacy of the previous injections. There is limited clinical information to approve additional blocks at this time. The reviewer finds that medical necessity does not exist at this time for Right brachial plexus block x 2 as related to right arm/shoulder.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, does not apply

Orthopedic Knowledge Update, 9, Vaccaro, editor : Chapter 42 p. 523

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Orthopedic Knowledge Update, 9, Vaccaro, editor : Chapter 42 p. 523.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)